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STATEMENT OF

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FORM 1	ORGANIZATION						Office Use Only				
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4. IS THIS STATE	MENT	NEW (N)	OR		AMENDED (A	A)					
I certify that I have	examined I	this Statement a	and to the bes	t of my knov	vledge and be	lief it is true,	correct and	d complete.			
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Signature of Treasur	rer	wen				Date	0.4	17	26	10	
NOTE: Submission of	f false, error	neous, or incomp ANY CHANGE						penalties of	2 U.S.C). §437g.	
Office Use					For further information contact: Federal Election Commission Toll Free 800-424-9530			FEC FORM 1 (Revised 02/2009)			